

State of Illinois -- Uniform Budget Template -- General Instructions

This form is used to apply to individual State of Illinois discretionary grant programs. If the applicant organization is eligible to apply for 3 years of funding, it should provide the budget information for each year of the multi-year funding request. Applicants should submit budgets based upon the total estimated costs for the project including all funding sources. Pay attention to applicable program specific instructions, if attached. The applicant organization should refer to 2 CFR 200, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards” cited within these instructions.

You must consult with your Business Office prior to submitting this form for any restrictions, limitations or requirements when filling out the narrative and Uniform Budget Template..

Section A – Budget Summary

STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17. Eligible applicants requesting funding for only one year should only complete the column under “Year 1.” Eligible applicants requesting funding for multi-year grants should complete all applicable columns. **Please read all instructions before completing form.**

STATE OF ILLINOIS GRANT FUNDS

Provide a total requested State of Illinois Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17.

Lines 1-17, columns (Year 1 -Year 3; if applicable): For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Lines 1-17, “TOTAL” Column: Show the multi-year total for each budget category. If funding is requested for only one project year, leave this column blank.

Line 18, columns (Year 1 – Year 3; if applicable): Show the total budget request for each project year for which funding is requested.

Line 18, “TOTAL” Column: Show the total amount requested for all project years. If funding is requested for only one year, leave this space blank.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A (continued) Indirect Cost Information: *(This information should be completed by the applicant’s Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant’s Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois’ Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of “Section-A Indirect Cost Information”*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois, the applicant must either:

- A) Negotiate an Indirect Cost Rate with the State of Illinois’ Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of “Section-A Indirect Cost Information”*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b). The initial ICRP will be sent to the State of Illinois’ Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note:** *The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. Note the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .*

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note:** *See Notice of State Award for Restricted Rate Programs*

Section B - Budget Summary

NON-STATE OF ILLINOIS FUNDS

NON-STATE OF ILLINOIS FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, the applicant must provide a revenue breakdown of all Non-State of Illinois funds in lines (b)-(d). the total of “Non-State Funds” should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – NON STATE OF ILLINOIS FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, these costs should be shown for each applicable budget category on lines 1 - 17 of Section B.

Lines 1-17, columns (Year 1- Year 3; if applicable): For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Lines 1-17, “TOTAL” Column: Show the multi-year total for each budget category. If non-Federal contributions are provided for only one year, leave this column blank.

Line 18, columns (Year 1-Year 3; if applicable): Show the total matching or other contribution for each project year.

Line 18, “TOTAL” Column: Show the total amount to be contributed for all years of the multi-year project. If non-Federal contributions are provided for only one year, leave this space blank.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable program specific instructions, if attached.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For non-State of Illinois funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

[End General Instructions]

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

| | | | | | |
|--|--|-------------------------------|--------|------------------|-------|
| STATE OF ILLINOIS | | UNIFORM GRANT BUDGET TEMPLATE | | AGENCY | |
| Organization Name: | | DUNS# | | NOFO # | |
| CSFA Number: | | CSFA Description: | | Fiscal Year(s) : | |
| All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17. Eligible applicants requesting funding for only one year should complete the column under " Year 1." Eligible applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form. | | | | | |
| SECTION A -- STATE OF ILLINOIS FUNDS | | | | | |
| Revenues | | Year 1 | Year 2 | Year 3 | TOTAL |
| (a). State of Illinois Grant Amount Requested | | \$ - | \$ - | \$ - | \$ - |
| BUDGET SUMMARY STATE OF ILLINOIS FUNDS | | | | | |
| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | | Year 1 | Year 2 | Year 3 | TOTAL |
| 1. Personnel (Salaries & Wages) 200.430 | | \$ - | \$ - | \$ - | \$ - |
| 2. Fringe Benefits 200.431 | | \$ - | \$ - | \$ - | \$ - |
| 3. Travel 200.474 | | \$ - | \$ - | \$ - | \$ - |
| 4. Equipment 200.439 | | \$ - | \$ - | \$ - | \$ - |
| 5. Supplies 200.94 | | \$ - | \$ - | \$ - | \$ - |
| 6. Contractual Services (200.318) & Subawards (200.92) | | \$ - | \$ - | \$ - | \$ - |
| 7. Consultant (Professional Services) 200.459 | | \$ - | \$ - | \$ - | \$ - |
| 8. Construction | | \$ - | \$ - | \$ - | \$ - |
| 9. Occupancy (Rent & Utilities) 200.465 | | \$ - | \$ - | \$ - | \$ - |
| 10. Research & Development (R&D) 200.87 | | \$ - | \$ - | \$ - | \$ - |
| 11. Telecommunications | | \$ - | \$ - | \$ - | \$ - |
| 12. Training & Education 200.472 | | \$ - | \$ - | \$ - | \$ - |
| 13. Direct Administrative costs 200.413 | | \$ - | \$ - | \$ - | \$ - |
| 14. Miscellaneous Costs | | \$ - | \$ - | \$ - | \$ - |
| 15. A. <u>Grant Exclusive Line Item(s)</u> | | \$ - | \$ - | \$ - | \$ - |
| B. <u>Grant Exclusive Line Item(s)</u> | | \$ - | \$ - | \$ - | \$ - |
| 16. Total Direct Costs (lines 1-15) 200.413 | | \$ - | \$ - | \$ - | \$ - |
| 17. Indirect Costs* (see below) 200.414 | | \$ - | \$ - | \$ - | \$ - |
| Rate: _____ % Base: _____ | | | | | |
| 18. Total Costs State Grant Funds (lines 16 and 17) | | \$ - | \$ - | \$ - | \$ - |

SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1) ☐ Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.**
- B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

- 2a) ☐ Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) ☐ Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) ☐ Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

- 4) ☐ For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
- _____ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
- _____ Complies with other statutory policies (please specify) :
- The Restricted Indirect Cost Rate is _____%

- 5) ☐ No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

**Basic Negotiated Indirect Cost Rate Agreement information
if Option (1) or (2a) is selected**

Period Covered by the NICRA: From: _____ To: _____ (mm/dd/yyyy)

Approving Federal/State agency (please specify) : _____

The Indirect Cost Rate is _____% The Distribution Base is: _____

| | | | | | |
|--|---------|-------------------------------|--------|------------------|-------|
| STATE OF ILLINOIS | | UNIFORM GRANT BUDGET TEMPLATE | | AGENCY | |
| Organization Name: | | DUNS# | | NOFO # | |
| CSFA Number: | | CSFA Description: | | Fiscal Year(s) : | |
| If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category on lines 1 -17 of Section B. Please read all instructions before completing form. | | | | | |
| SECTION B -- NON STATE OF ILLINOIS FUNDS | | | | | |
| Program Revenues | | Year 1 | Year 2 | Year 3 | TOTAL |
| Grantee Match Requirement _____ % <i>(Agency to populate)</i> | | | | | |
| (b). -Cash | | \$ - | \$ - | \$ - | \$ - |
| (c). -Non-cash | | \$ - | \$ - | \$ - | \$ - |
| (d). Other Funding & Contributions | | \$ - | \$ - | \$ - | \$ - |
| NON-STATE Funds Total | | \$ - | \$ - | \$ - | \$ - |
| BUDGET SUMMARY NON-STATE OF ILLINOIS FUNDS | | | | | |
| Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i> | | Year 1 | Year 2 | Year 3 | TOTAL |
| 1. Personnel (Salaries & Wages) | 200.430 | \$ - | \$ - | | \$ - |
| 2. Fringe Benefits | 200.431 | \$ - | \$ - | \$ - | \$ - |
| 3. Travel | 200.474 | \$ - | \$ - | \$ - | \$ - |
| 4. Equipment | 200.439 | \$ - | \$ - | \$ - | \$ - |
| 5. Supplies | 200.94 | \$ - | \$ - | \$ - | \$ - |
| 6. Contractual Services (200.318) & Subawards (200.92) | | \$ - | \$ - | \$ - | \$ - |
| 7. Consultant (Professional Services) | 200.459 | \$ - | \$ - | \$ - | \$ - |
| 8. Construction | | \$ - | \$ - | \$ - | \$ - |
| 9. Occupancy (Rent & Utilities) | 200.465 | \$ - | \$ - | \$ - | \$ - |
| 10. Research & Development (R&D) | 200.87 | \$ - | \$ - | \$ - | \$ - |
| 11. Telecommunications | | \$ - | \$ - | \$ - | \$ - |
| 12. Training & Education | 200.472 | \$ - | \$ - | \$ - | \$ - |
| 13. Direct Administrative costs | 200.413 | \$ - | \$ - | \$ - | \$ - |
| 14. Miscellaneous Costs | | \$ - | \$ - | \$ - | \$ - |
| 15. A. Grant Exclusive Line Item(s) | | \$ - | \$ - | \$ - | \$ - |
| B. Grant Exclusive Line Item(s) | | \$ - | \$ - | \$ - | \$ - |
| 16. Total Direct Costs (lines 1-15) | 200.413 | \$ - | \$ - | \$ - | \$ - |
| 17. Indirect Costs | 200.414 | \$ - | \$ - | \$ - | \$ - |
| Rate: _____ % Base: _____ | | | | | |
| 18. Total Costs NON-STATE Funds (lines 16 and 17) | | \$ - | \$ - | \$ - | \$ - |

| | | |
|---------------------------|--|-------------------------|
| CERTIFICATION | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE | AGENCY: |
| Organization Name: | CSFA Description: | NOFO # |
| CSFA Number: | DUNS# | Fiscal Year(s) : |

(2 CFR 200.415)

“By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

Institution/Organization

Signature

Name of Official

Title
Chief Financial Officer (or equivalent)

Date of Execution

Institution/Organization

Signature

Name of Official

Title
Executive Director (or equivalent)

Date of Execution

Note: The State awarding agency may change required signers based on the grantee’s organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

FFATA Data Collection Form (if needed by agency)

Under FFATA, all subrecipients who receive \$25,000 or more must provide the following information for federal reporting. Please fill out the following form accurately and completely.

| | | | |
|--|----------------------|------------------------|--------------------------------|
| 4-digit extension if applicable | | | |
| Subrecipient DUNS: | | | |
| Subrecipient Parent Company DUNS: | | | |
| Subrecipient Name: | | | |
| Subrecipient DBA Name: | | | |
| Subrecipient Address: | | | |
| City: | State: | Zip: | Congressional District: |
| Subrecipient Principal Place of Performance: | | | |
| City: | State: | Zip: | Congressional District: |
| Contract Number (if known): | Award Amount: | Project Period: | |
| | | From: To: | |
| State of Illinois Awarding Agency and Project Detail Description: | | | |
| Under certain circumstances, subrecipient must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions: | | | |
| Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements? | | | |
| <div style="text-align: center;"><input type="checkbox"/></div> | | | |
| Yes If yes, must answer Q2 below | | | |
| <div style="text-align: center;"><input type="checkbox"/></div> | | | |
| No If no, you are not required to provide data. | | | |
| Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)? | | | |
| <div style="text-align: center;"><input type="checkbox"/></div> | | | |
| Yes | | | |
| <div style="text-align: center;"><input type="checkbox"/></div> | | | |
| No If no, you must provide the data. Please fill out the rest of this form. | | | |
| Please provide names and total compensation of the top five officials: | | | |
| Name: | | | Amount: |
| Name: | | | Amount: |
| Name: | | | Amount: |
| Name: | | | Amount: |
| Name: | | | Amount: |

Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & Wages) (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and of time working on the project . Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

| Name | Position | Computation | | | | Cost |
|------|----------|----------------|------------------------|-----------|------------------------|------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Length of time | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | <i>State Total</i> | \$ - |
| | | | | | | \$ - |
| | | | | | <i>NON-State Total</i> | \$ - |

Personnel Narrative (State):

StateTotal \$

Personnel Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$

Total Personnel \$

Section C - Budget Worksheet & Narrative

2. Fringe Benefits (2 CFR 200.431)--Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

| Name | Position | Computation | | Cost |
|------|----------|-------------|------------------------|------|
| | | Base | Rate | |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | <i>State Total</i> | \$ - |
| | | | | \$ - |
| | | | <i>NON-State Total</i> | \$ - |

Fringe Benefits Narrative (State):

State Total \$ -

Fringe Benefits Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Fringe Benefits \$ -

Section C - Budget Worksheet & Narrative

3). **Travel** (2 CFR 200.474)-- Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. **NOTE:** Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

| Purpose of Travel | Location | Computation | | | | | Cost |
|-------------------|----------|-------------|-----------|-------|----------|------------|------|
| | | Items | Cost Rate | Basis | Quantity | # of Trips | |

\$ -

\$ -

\$ -

\$ -

State Total \$ -

\$ -

NON-State Total \$ -

Travel Narrative (State):

State Total \$ -

Travel Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Travel \$ -

Section C - Budget Worksheet & Narrative

4. **Equipment** (2 CFR 200.439) -- Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

| Item | Computation | | Cost |
|------|-------------|------------------------|-------------|
| | Quantity | Cost | |
| | | | \$ - |
| | | | <u>\$ -</u> |
| | | <i>State Total</i> | \$ - |
| | | | <u>\$ -</u> |
| | | <i>NON-State Total</i> | \$ - |

Equipment Narrative (State):

StateTotal \$ -

Equipment Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Equipment \$ -

Section C - Budget Worksheet & Narrative

5). Supplies (2 CFR 200.94) --List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

| Supply Items | Computation | | Cost |
|--------------|--------------------|------------------------|------|
| | Quantity/ Duration | Cost | |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | | \$ - |
| | | <i>State Total</i> | \$ - |
| | | | \$ - |
| | | <i>NON-State Total</i> | \$ - |

Supplies Narrative (State):

StateTotal \$ -

Supplies Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Supplies \$ -

Section C - Budget Worksheet & Narrative

6. Contractual Services (2 CFR 200.318) & **Subawards** (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of \$150,000 (See 2 CFR 200.88). NOTE : this budget category may include subawards. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.

2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.

3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

| Name of Organization | Contract or Subaward | Description of Activities | Cost |
|----------------------|----------------------|---------------------------|------|
|----------------------|----------------------|---------------------------|------|

\$ -

\$ -

\$ -

\$ -

State Total \$ -

\$ -

NON-State Total \$ -

Contractual Services Narrative (State):

StateTotal \$ -

Contractual Services Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Contractual Services \$ -

Section C - Budget Worksheet & Narrative

7). Consultant Services and Expenses (2 CFR 200.459) -- **Consultant Services (Fees):** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. **Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.) Consultant-- Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

| Consultant Services (Fees) | Service Provided | Computation | | | Cost |
|----------------------------|------------------|-------------|-------|----------|------|
| | | Fee | Basis | Quantity | |

\$ -

\$ -

State Total \$ -

NON-State Total \$ -

| Consultant Expenses | Location | Computation | | | | | Cost |
|---------------------|----------|-------------|-----------|-------|----------|------------|------|
| | | Items | Cost Rate | Basis | Quantity | # of Trips | |

\$ -

\$ -

State Total \$ -

\$ -

NON-State Total \$ -

Consultant Narrative (State):

State Total \$ -

Consultant Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Consultant \$ -

Section C - Budget Worksheet & Narrative

8). **Construction**-- Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable unless with prior written approval. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category. Estimated construction costs must be supported by documentation including drawings and estimates, formal bids, etc. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

| Purpose | Description of Work | Cost |
|---------|---------------------|------|
|---------|---------------------|------|

EXAMPLES

| | | |
|--|----|---|
| Consult with Program Office before budgeting Construction costs. | \$ | - |
| State Total | \$ | - |
| NON-State Total | \$ | - |

| | | | |
|---------------------------------|------------|----|---|
| Construction Narrative (State): | StateTotal | \$ | - |
|---------------------------------|------------|----|---|

| | | | |
|--|-----------------|----|---|
| Construction Narrative (Non-State) i.e. "Match" or "Other Funding" | NON-State Total | \$ | - |
|--|-----------------|----|---|

Total Construction \$ -

Section C - Budget Worksheet & Narrative

9. Occupancy -Rent and Utilities (2 CFR 200.465) -- List items and descriptions by major type and the basis of the computation. Explain how rental and utility expenses are allocated for distribution as an expense to the program/service. For example, provide the square footage and the cost per square foot rent and utility, and provide a monthly rental and utility cost and how many months to rent. **NOTE:** This budgetary line item is to be used for direct program rent and utilities, all other indirect or administrative occupancy costs should be listed in the indirect expense section of the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program.

| Description | Computation | | | | Cost |
|-------------|-------------|-------|------|------------------------|------|
| | Quantity | Basis | Cost | Length of time | |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | <i>State Total</i> | \$ - |
| | | | | | \$ - |
| | | | | <i>NON-State Total</i> | \$ - |

Occupancy Narrative (State):

StateTotal \$

Occupancy Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$

Total Occupancy \$

Section C - Budget Worksheet & Narrative

10). Reasearch & Development (R&D) (2 CFR 200.87)-- Definition: All research activities, both basic and applied, and all development activities that are performed by non-Federal entities directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes. Provide a description of the reasearch and develement project and an estimate of the costs. NOTE: Consult with the program office before budgeting funds in this category.

| Purpose | Description of Work | Cost |
|---------|---------------------|-------------|
| | | \$ - |
| | | <u>\$ -</u> |
| | State Total | \$ - |
| | | <u>\$ -</u> |
| | NON-State Total | \$ - |

| |
|--------------------------|
| R & D Narrative (State): |
| StateTotal \$ - |

| |
|---|
| R & D Narrative (Non-State) i.e. "Match" or "Other Funding" |
| NON-State Total \$ - |

Total R & D \$ -

Section C - Budget Worksheet & Narrative

11). Telecommunications -- List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service. NOTE: This budgetary line item is to be used for direct program telecommunications, all other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

| Description | Computation | | | | Cost |
|-------------|-------------|-------|------|------------------------|-------------|
| | Quantity | Basis | Cost | Length of time | |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | <u>\$ -</u> |
| | | | | <i>State Total</i> | \$ - |
| | | | | | <u>\$ -</u> |
| | | | | <i>NON-State Total</i> | \$ - |

Telecommunications Narrative (State):

| | | | |
|--|--|------------------------|--|
| | | <i>StateTotal</i> \$ - | |
|--|--|------------------------|--|

Telecommunications Narrative (Non-State) i.e. "Match" or "Other Funding"

| | | | |
|---|--|------------------------|------|
| Telecommunications Narrative (Non-State) i.e. "Match" or "Other Funding" | | | |
| | | <i>NON-State Total</i> | \$ - |

Total Telecommunications \$ -

Section C - Budget Worksheet & Narrative

12). **Training and Education** (2 CFR 200.472) -- Describe the training and education cost associated with employee development. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees, and any other applicable expenses related to the training. When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized below.

| Description | Computation | | | | Cost |
|-------------|-------------|-------|------|-----------------|------|
| | Quantity | Basis | Cost | Length of time | |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | State Total | \$ - |
| | | | | | \$ - |
| | | | | NON-State Total | \$ - |

| |
|---|
| Training & Education Narrative (State): |
| StateTotal \$ - |

| |
|--|
| Training & Education Narrative (Non-State) i.e. "Match" or "Other Funding" |
| NON-State Total \$ - |

Total Training & Education \$ -

Section C - Budget Worksheet & Narrative

13). Direct Administrative Costs - (2 CFR 200.413 (c) The salaries of administrative and clerical staff should normally be treated as indirect (F&A) costs. Direct charging of these costs may be appropriate only if all of the following conditions are met: (1) Administrative or clerical services are integral to a project or activity; (2) Individuals involved can be specifically identified with the project or activity; (3) Such costs are explicitly included in the budget or have the prior written approval of the State awarding agency; and (4) The costs are not also recovered as indirect costs.

| Name | Position | Computation | | | | Cost |
|------|----------|----------------|---------------------|-----------|------------------------|------|
| | | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Length of time | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| | | | | | <i>State Total</i> | \$ - |
| | | | | | | \$ - |
| | | | | | <i>NON-State Total</i> | \$ - |

Direct Administrative Narrative (State):

State Total \$ -

Direct Administrative Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Direct Administrative Costs \$ -

Section C - Budget Worksheet & Narrative

14). Other or Miscellaneous Costs --This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (eg. Printing, Memberships & subscriptions, recruiting costs, etc.)

| Description | Computation | | | | Cost |
|-------------|-------------|-------|------|----------------|------|
| | Quantity | Basis | Cost | Length of time | |

\$ -

\$ -

\$ -

\$ -

State Total \$ -

\$ -

NON-State Total \$ -

Other Costs Narrative (State):

StateTotal \$ -

Other Cost Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total \$ -

Total Other Costs \$ -

Section C - Budget Worksheet & Narrative

15). **GRANT EXCLUSIVE LINE ITEM:** Costs directly related to the service or activity of the program that is an intergal line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program).

| Description | Computation | | | | Cost |
|-------------|-------------|-------|------|------------------------|------|
| | Quantity | Basis | Cost | Length of time | |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | <i>State Total</i> | \$ - |
| | | | | | \$ - |
| | | | | <i>NON-State Total</i> | \$ - |

| |
|---|
| GRANT EXCLUSIVE LINE ITEM Narrative (State): |
| <i>StateTotal</i> \$ - |

| |
|--|
| GRANT EXCLUSIVE LINE ITEM Narrative (Non-State) i.e. "Match" or "Other Funding" |
| <i>NON-State Total</i> \$ - |

Total **GRANT EXCLUSIVE LINE ITEM** \$ -

Section C - Budget Worksheet & Narrative

16. Indirect Cost (2 CFR 200.414) --Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

| Description | Computation | | Cost |
|-------------|-------------|------------------------|------|
| | Base | Rate | |
| | | | \$ - |
| | | | \$ - |
| | | <i>State Total</i> | \$ - |
| | | | \$ - |
| | | <i>NON-State Total</i> | \$ - |

| |
|---|
| Indirect Cost Narrative (State): |
| <i>StateTotal</i> \$ - |

| |
|--|
| Indirect Cost Narrative (Non-State) i.e. "Match" or "Other Funding" |
| <i>NON-State Total</i> \$ - |

Total Indirect Costs \$ -

Section C - Budget Worksheet & Narrative

Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

| <i>Budget Category</i> | <i>State</i> | <i>NON-State</i> | <i>Total</i> |
|---|--------------|------------------|--------------|
| <i>1. Personnel</i> | \$ - | \$ - | - |
| <i>2. Fringe Benefits</i> | \$ - | \$ - | - |
| <i>3. Travel</i> | \$ - | \$ - | - |
| <i>4. Equipment</i> | \$ - | \$ - | - |
| <i>5. Supplies</i> | \$ - | \$ - | - |
| <i>6. Contractual Services</i> | \$ - | \$ - | - |
| <i>7. Consultant (Professional Services)</i> | \$ - | \$ - | - |
| <i>8. Construction</i> | \$ - | \$ - | - |
| <i>9. Occupancy (Rent & Utilities)</i> | \$ - | \$ - | - |
| <i>10. Research & Development (R&D)</i> | \$ - | \$ - | - |
| <i>11. Telecommunications</i> | \$ - | \$ - | - |
| <i>12. Training & Education</i> | \$ - | \$ - | - |
| <i>13. Direct Administrative Costs</i> | \$ - | \$ - | - |
| <i>14. Other or Misc. Costs</i> | \$ - | \$ - | - |
| <i>15. GRANT EXCLUSIVE LINE ITEM</i> | \$ - | \$ - | - |
| <i>16. Indirect Costs</i> | \$ - | \$ - | - |
| <i>State Request</i> | \$ - | | |
| <i>Non-State Amount</i> | | \$ - | |
| TOTAL PROJECT COSTS | | \$ - | - |

| | | |
|---------------------------|--|-------------------------|
| Agency Approval | STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE | AGENCY: |
| Organization Name: | CSFA Description: | NOFO # |
| CSFA Number: | DUNS# | Fiscal Year(s) : |

| | | | | |
|-------------------------------------|-----------------------------------|-------------|---|-------------|
| <u>Final Budget Amount Approved</u> | <u>Program Approval Signature</u> | <u>Date</u> | <u>Fiscal & Administrative Approval Signature</u> | <u>Date</u> |
|-------------------------------------|-----------------------------------|-------------|---|-------------|

| | | | | |
|---------------------------------|-----------------------------------|-------------|---|-------------|
| <u>Budget Revision Approved</u> | <u>Program Approval Signature</u> | <u>Date</u> | <u>Fiscal & Administrative Approval Signature</u> | <u>Date</u> |
|---------------------------------|-----------------------------------|-------------|---|-------------|

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.